

CONSENT FOR CRIMINAL BACKGROUND CHECK

Your signature below authorizes Lake County School District #7 and Criminal Information Services, Inc. to obtain information about you (as applicable) from various law enforcement agencies, courts, and corrections agencies.

Please complete **ALL** of the information below. Please print.

Full Legal Name: _____		
Last	First	Middle
Other Names Used: _____ (Maiden, alias's, legal name change, etc.)		
Current Address: _____		
DOB: _____	Driver's License #: _____	Driver's License State: _____
SSN: _____		
1. Have you ever been convicted of a sex related crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, was the conviction in Oregon or another state? State: _____		
2. Have you ever been convicted of a crime involving violence or threat of violence? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, was the conviction in Oregon or another state? State: _____		
3. Have you ever been convicted of a crime involving criminal activity in drugs or alcoholic beverages? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, was the conviction in Oregon or another state? State: _____		
4. Have you ever been convicted of any other crime except a minor traffic violation? (includes traffic crimes) <input type="checkbox"/> Yes <input type="checkbox"/> No		
5. Have you ever been arrested, within the last three years, for a crime in which there has not yet been an acquittal or dismissal? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, was the arrest in Oregon or another state? State: _____		

I have reviewed and completed this form as applicable to me. I give Lake County School District #7 and Criminal Information Services, Inc. permission to verify any information I have provided. This authorization shall continue to be effective until revoked by me.

I affirm that all information on this form is true and accurate.

Signature of applicant

Date